PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # N25922

1. Corporation Name
The Black Youth Enrichment Association
WPB-15322

Principal Place of Business / Mailing Address
1914 No. Tamarind Avenue
West Palm Beach, Florida 33407

REINSTATEMENT 94 CRS

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 3-3-89

5. FEI Number: 65-0066770 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

	Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use P.O. Box Numbers) 3	City / State / Zip 4
D	Pres.	Cari Muhammad	1916 N Tamarind Ave WPB, FL 33407	WPB, FL 33407
D	Secretary	Joseph Deyonks	1610 Wedgewood Plaza	Rivera Bch, FL 33404
D	Vice Pres.	Mercedes Taylor	927 - 4th St.	Rivera Bch, FL 33404
D	Director	Niema Kaid	3106 S.E. 1st Pl.	Boynton Bch, FL 33435
D		Douglas Fulton	3800 Shelly Rd. No.	West Palm Beach, FL 33401
D		Sadie Fashaw	1025 Palm Beach Lakes Blvd	West Palm Bch, FL 33401

8. Name and Address of Current Registered Agent
Mike Heygood / Attny. at Law
625 N. Flagler Dr Suite 700
WPB, FL 33411

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 8/18/99
Suite, Apt. # Etc.
City — — — State: FL — Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent C. M. Jaynes Date 6/7/99
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☑ (See other side for information on intangible tax)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the name of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Cari Muhammad 6/4/99 561-659-7227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E036 (1/95)